2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 736486

1. Entity Name
PINE RIDGE CIVIC ASSOCIATION OF NAPLES

Principal Place of Business	Mailing Address
7000 TRAIL BLVD NAPLES, FL 34108 US	P O BOX 770307 NAPLES, FL 34107-0307 US

01232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2350137
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHEFFY, EDWARD K
821 FIFTH AVE SO
STE - 201
NAPLES, FL 33940

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FISHER, JERRY
STREET ADDRESS	624 RIDGE DRIVE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	P
NAME	JONES, ALLAN
STREET ADDRESS	6860 TRAIL BLVD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	IVY, REBECCA
STREET ADDRESS	494 GORDONIA RD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	S
NAME	PICHT, GEORGE
STREET ADDRESS	74 BANYAN ROAD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	S
NAME	DEHART, ARNOLD
STREET ADDRESS	7000 TRAIL BLVD
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	LAUGHLIN, DAVID
STREET ADDRESS	705 GORDONIA RD
CITY-ST-ZIP	NAPLES, FL 34108

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03/02/06-80013-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allan Jones 2-16-06 (239)591-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #